

CONTINGENT BILL

Appx 'A'
In Lieu of IAF-115

Authority CO ECHS / MOD DESW letter No.:
B/49762/AG/ECHS/Medicine Policy dt. 08th Apr 2019.

Cheque may please be issued in favour of: _____
Bank Account No.: _____

Bank Name: _____ Branch _____ Address _____
Bank IFS Code: _____ MICR No.: _____

Voucher No.: _____ Contingent Bill
For office use only _____

Expenditure on account of reimbursement of medical treatment & purchase of medicines
in respect of Patient's Name _____ (Retired) Service No.: _____
ECHS Card Reg. No.: _____ Dependent of: Name _____
Aadhaar No.: _____ Mobile No.: _____

Ser No.	Date	Date of Expenditures	Amount (Rs.)
1	MMM YYYY	Bill DD MMM YYYY	Rs.
2			Rs.
Amount incurred on account of reimbursement of medical treatment in respect of Service No. _____			Rebate: Rs.
Patient's Name _____			Amt. Rounded off: Rs.
			Amount claimed: Rs.

The details are as under: **(List 1)**

Bill No.	Bill Dt.	CDL 23 S.No.	Diagnosis	Details of Bill/ Medicines	Qty.	Amount
Bill Number	Bill Date					

List of NA items not purchased due to delayed settlement and reimbursement: **(List 2)**

Diagnosis	Medicines	Last known cost Rs.

Cumulative reimbursement of Rs. _____ is due on date for no. of claim(s) _____.

Reimbursement Claim for (NA) MMM YYYY _____

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List of NA items purchased but not claimed due to items not reimbursable: **(List 3)**

<u>Diagnosis</u>	<u>Medicines</u>	<u>Amount</u>

The original bills and supporting documents are herewith attached.

Home Address

Certified that:

- (1) The claim has been submitted for the first time.
(2) The reimbursement has been made on the actual treatment.

Amount in Words: _____

AFFIDAVIT

The Central Government will enjoy rebate at the cost of life of the beneficiary
To ensure that the Central Government enjoys rebate to satisfaction of the BPA's Validator and the E.C.H.S., I neither purchased the List 2 medicines on credit due to delayed settlement and reimbursement of the previous claim(s) nor did delayed payment and lost rebate for purchase of the List 1 medicines, without which I was for _____ days after prescription dated _____.

Date:

Place: Polyclinic _____

COUNTERSIGNED

RECEIVED PAYMENT
(Government Takes Back:
One Rupee Revenue Stamp
Affixed.)